



BREWSTER SPORTS CENTER

**BREWSTER SPORTS CENTER**  
and  
**9er Baseball & Sports  
Performance**



# BASEBALL DEVELOPMENT CLINIC

**6 WEEK PROGRAM – SATURDAYS**

**April 13, 20, 27**

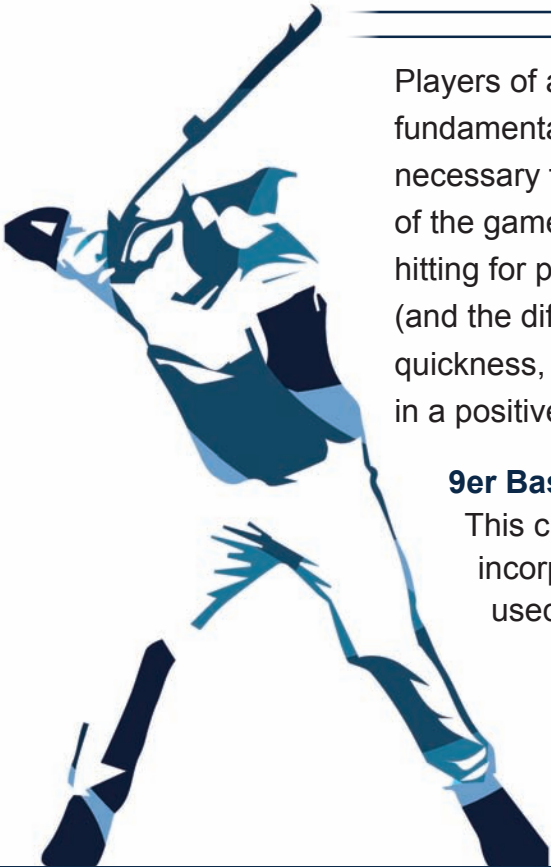
**May 4, 11, 18**

**AGES 6-8: 3:00-4:30PM**

**AGES 9-11: 4:30-6:00PM**

**FEE: \$200**

Bring all baseball gear necessary to practice properly. Baseball pants recommended.



Players of all levels will benefit from the coaching, assessments, and fundamental skill work. This program will focus on all of the movements necessary for players to improve their baseball abilities and understanding of the game. Areas covered will include, but not be limited to: hitting, hitting for power, speed, base running, fielding by position, throwing (and the different types of throws players need to make), sliding, agility, quickness, and explosive reaction. The teaching and learning will be done in a positive and supportive environment.

**9er Baseball** is now right next door to the **Brewster Sports Center**.

This clinic will include the use of the BSC and 9er facilities. 9er has incorporated the **HitTrax technology** at their facility, which will be used for this clinic.

**For more information, please contact**

**Al Morales at 845-406-0130**

**or**

**Joe Kesselmark at 914-276-5035.**

Website: [www.brewstersportscenter.com](http://www.brewstersportscenter.com)

Website: [www.9erbaseballny.com](http://www.9erbaseballny.com)



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**Performance**  
**BASEBALL DEVELOPMENT CLINIC**



**Registration Form**

Player's Name: \_\_\_\_\_ Player's Age: \_\_\_\_\_

Parent(s)'s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Method of Payment: please print

Check (enclosed)

Visa

MasterCard

Discover

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send your completed form with check payable to Brewster Sports Management.

Send To: Brewster Sports Center  
19 Sutton Place  
Brewster, NY 10509

ALL PAYMENTS ARE NONREFUNDABLE. \$25 returned check fees.  
All players are responsible for their own insurance.

Disclaimer: I hereby authorize the staff of the "Brewster Sports Center" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release "Brewster Sports Center" from any and all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the league or tournament as outlined in the information. I also understand that "Brewster Sports Center" has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the tournament/league fees and refund policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Health Plan (Name): \_\_\_\_\_ Identification#: \_\_\_\_\_